

PRINTED: 07/13/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2015
NAME OF PROVIDER OR SUPPLIER PIONEER HEALTHCARE #1		STREET ADDRESS, CITY, STATE, ZIP CODE 306 LUMPKIN BLVD LOUISBURG, NC 27549		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on July 10, 2015 from 9:35 AM to 10:05 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	(C 000)	2. The closet door knob in bedroom 4 has been replaced. 3. The electrical outlet in the hall bathroom has been repaired and replaced again. 4. The exterior soffit air fascia trim has been replaced at the rotted portion. 5. The front soffit to the right front entrance with flaky paint has been scraped off and repainted. Please see picture via your email. - Routine quarterly inspection will be done by administrator to detect problems in time and fix accordingly.	
(C 174)	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 2. Observations revealed that the door hardware was missing on the closet doors in Bedroom 4 and this Surveyor could not open the doors. Have a qualified person repair the closet doors. Provide documentation of the repairs. 7/10/15: SF-Observations revealed that one door knob was missing and the right hand knob was not secure. Have a qualified person repair the closet doors. Provide documentation of the repairs through photos. 3. Observations revealed that the electrical outlet on the wall cabinet in the hall bathroom did not have power at the time of this survey. Have a qualified technician repair or replace the outlet.	(C 174)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bridget Dumas-Brown

TITLE

administrator

DATE

8/5/15

STATE FORM

0892

K1HI22

If continuation sheet 1 of 2

Division of Health Service Regulation

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{C 174}	<p>Continued From page 1</p> <p>Provide documentation of the repairs.</p> <p>7/10/15: SF-At the time of this survey, the electrical outlet did not have power. Have a qualified technician repair the outlet. Provide documentation of the repairs through copies of receipts or work orders.</p> <p>4. Observations revealed that a section of the exterior soffit and fascia trim was rotted and heavily damaged to the left of the front entrance. Have a qualified person repair the soffit and trim. Provide documentation of the repairs.</p> <p>7/10/15: SF-Observations revealed that the soffit had been partially repaired. There was still a section that showed rot along the fascia leaving an open gap between the soffit and the fascia trim. Have a qualified person complete the repairs to the soffit. Provide documentation of the repairs through photos or copies of receipts or work orders.</p> <p>5. Observations revealed that the paint was flaking at the soffit to the right of the front entrance. Have a qualified person repair the soffit. Provide documentation of the repairs.</p> <p>7/10/15: SF-Observations revealed that the right side of the soffit had not been repaired. Have a qualified person repair the section of soffit where the paint is flaking and peeling. Provide documentation of the repairs through photos or copies of receipts or work orders.</p>	{C 174}	<p>SEE PAGE # 1 of 2</p>	

COMPUTATION SECTION

AUG 3 - 2004

MR. DONALD TAYLOR
1404 HAZELNUT DRIVE
RALEIGH, NORTH CAROLINA 27610
(919) 832-0030 (HOME)
(919) 501-5077 (PAGER)

INVOICE
INVOICE NUMBER:
INVOICE DATE: 7-17-15
ATTN:

CUSTOMER: Pioneer Healthcare Inc.
113 Justice Street / 306 Lumpkin Blvd
Louisburg NC 27549

REMIT TO:
1404 HAZELNUT DRIVE
RALEIGH, NORTH CAROLINA 27610

MAKE CHECK PAYABLE TO MR. DONALD TAYLOR.

DATE	DESCRIPTION OF SERVICES	AMOUNT
7-17-15	Bathroom Sink Clogged 1. Routed / Snaked from Under the house. (Crawl Space) 2. Installed one Ground fault GFCI Recepticles on Hall bathroom	
LABOR AND MATERIALS WE APPRECIATE YOUR BUSINESS		TOTAL \$195.00